

South Florida Water Management District

Temporary Request and Authorization of Withdrawal Facility Operation



Submit request to wucompliance@sfwmd.gov

WATER USE PERMIT NUMBER:		OWNER (PERMITTEE) NAME:
PROJECT NAME:		PHONE/CELL NUMBER:
EMAIL ADDRESS:		
SURFACE WATER:	YES O NO O (If yes, pleas	se provide name below)
NAME OF RESERVATION	OR CONTRIBUTING WATERBODY:	
INDIRECT WITHDRAWAL	OR GROUNDWATER: YES	NO O (If yes, please provide name below)
NAME OF RESERVATION	OR CONTRIBUTING WATERBODY:	
REQUESTED AUTHORIZA	TION (Include total rated capacity in Cub	ic Feet per Second for all withdrawal facilities):
DATE OF REQUEST:		NAME OF REQUESTOR:
PHONE/CELL NUMBER:		EMAIL ADDRESS:
OWNER SIGNATURE:		
	DISTRICT AU	THORIZATION INFORMATION
The Permittee's temporary w	vithdrawals shall comply with the conditions	listed below.
Start date for Withdrawa	Start date for Withdrawal: 2. End date for Withdrawal:	
	n., the Permittee shall monitor (insert monitor	ring station name) and the Permittee can only make withdrawals if the water level is above
	stage falls below the low sub-band of the L Dkeechobee, the permittee shall cease all wi	ake Okeechobee Regulation Schedule (LORS2008) or regulatory releases are no longe ithdrawals.
5. Withdrawals made unde	r this authorization shall be monitored and re	eported on Form Number 1392.
6. Other SFWMD Condition	ns:	
	Print Name:	Date:
Note: The SFWMD is a state agend	cy and information submitted on this form is a public re-	cord under Chapter 119, Florida Statutes.

Form 1393 (03/2021)

Incorporated by reference in Rule 40E-2.091, F.A.C., and Sections 3.11.5 and 5.2.2 of the Applicant's Handbook for Water Use Permit Applications within the South Florida Water Management District.